

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total No. of Pages in this Submission: 23

Attorney Docket Number LORWER P37AUS

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form [2] <input checked="" type="checkbox"/> Fee attached + Check \$60	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input checked="" type="checkbox"/> Response [18] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard	
<input type="checkbox"/> Extension of Time Request [2] (In Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Scott A. DANIELS DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 42,462 CUSTOMER NO. 020210
Signature		
Date	August 2, 2007	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 2, 2007

Type or printed name	Scott A. DANIELS
Signature	
Date: August 2, 2007 (lfb)	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

*Effective on 12/08/2004.*

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
For FY 2006



■ Applicant claims small entity status. See 37 CFR 1.27

Application No.  
Filing Date10/533,108  
with an effective  
filing date of  
October 16, 2003  
Josef WEILAND  
Bryan R. MULLER  
3723

TOTAL AMOUNT OF PAYMENT: \$60

Attorney Docket No.

LORWER P37AUS

METHOD OF PAYMENT (check all that apply)

- Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims -20 or HP =	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)

Indep. Claims -3 or HP +	Extra Claims	Fee (\$)	Fee Paid (\$)		
HP = highest number of independent claims paid for, if greater than 3.					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 =	Extra Sheets / 50 =	No. of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
		(round up to a whole number) x		

**4. OTHER FEE(S)**  
Petition for \$1-month Extension of Term (SMALL) .....

Fees Paid (\$) \$60

**SUBMITTED BY**

Signature		Telephone (603) 226-7490
Name (Print/Type)	Scott A. DANIELS	Registration No. (Atty/Agent) 42,462